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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 7 1948

Registration District No. **31**

Primary Registration District No. **4040**

1. PLACE OF DEATH:

(a) County **Benton**
(b) City or town **Cole Camp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Howland Clinic**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 days**
In this community **92 yrs 8 mo. 24 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **JACOB BROCKMAN**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **MO** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Anna Margaretta Boishere**
6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **March 4 1856**
(Month) (Day) (Year)

8. AGE: Years **92** Months **8** Days **24**
If less than one day hr. min.

9. Birthplace **Cole Camp, Benton County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Peter Brockman**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Eckhoff**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ernest Harms**
(b) Address **Donia, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 2, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cemetery**

18. (a) Signature of funeral director **Harold Perry**
(b) Address **Cole Camp, Mo.**

19. (a) **11-30-48** (b) **E. L. Eickhoff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 miles North of Donia Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **28**
year **1948** hour **9** minute **40 a.m.**

21. I hereby certify that I attended the deceased from **3-4-48**
to **11-28-48**, 19____, to **11-28-48**, 19____;
that I last saw him alive on **11-28-48**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure**
Due to **Hypertensive Pneumonia**

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury **2**

23. Signature **G. W. Howland** (M. D. or other) **Dr.**
Address **Cole Camp, Mo.** Date signed **11-29-48**

District Health Officer No. 71
District File Number 11-48-1404
Date Filed 2-6-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harold Remy

Licensed Embalmer No. 4097

P. O. Address Cole Camp, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.